

Montana NURSE

Volume I • Number I

**School Nurses—
True Angels
to the Children
of Montana**

Isn't it Time?

**NCLEX Exam
Committee
Appointment**

**If a Complaint Is
Made Against
Your License**



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The New Year 2008 brings significant changes to the Montana State Board of Nursing

1 The Board's quarterly edition of its newsletter has changed to a journal format, and is now called the "Montana Nurse". We seek to inform readers of nursing regulation issues that touch all of us in some way, through nursing education, nursing practice, advanced practice, licensing and license discipline. We plan to publish this newsletter four times a year and hope that you will view this as a worthwhile professional publication that, even in the context of your busy personal and professional lives, you will make the time to read.

2 Having been the Board's Executive Director for over three years previously, I accepted the opportunity to return to this position in December 2006. I am incredibly fortunate to work with committed, intelligent, professional, and generous board members, whose dedication to their work is unsurpassed, and a wonderful staff. I truly believe that we are working together to keep nursing regulation moving forward and responsive to the needs of the citizens of Montana.

3 Continued enhancement to our online services is an important goal for us. With online renewals going very well, we are now evaluating our information systems and determining what we need to do to promote development of interactive license applications.

4 Chemical dependency continues to be a chief concern for the Board. To help you better understand the physical and behavioral warning signs of chemical dependency, you are encouraged to access a new online course entitled: **Confronting Colleague Chemical Dependency**. The self-paced online course from the National Council for State Boards of Nursing (NCSBN), Learning Extension (www.learningext.com) describes the roles of colleague, employers, alternative pro-

grams (such as our Nurses' Assistance Program), and the Board of Nursing in preventing and/or managing the potentially lethal effects of this problem. The course is designed for nurses in every practice setting and at all educational levels.

5 Nursing education quality outcomes is another important goal for the Board. In times of nursing shortage, the Board can be compelled to lower standards for nursing education and reduce barriers to education. With the Board's sole mission to protect the public, all of its decisions must be in the best interest of the public. In order for current and prospective nursing students to reasonably expect to be both safe practitioners upon graduation as well as able to pass the licensure examination, nursing education standards are as important as they have ever been. Also, once a graduate passes the examination, the license becomes a testament to the citizens of Montana that the nurse is held to a standard of safety and quality of nursing care. Sufficient qualified faculty and quality clinical learning experiences are key components of a nursing program that expects to achieve and maintain good educational outcomes.

6 I would like to acknowledge and thank the Board and staff for making significant strides in assuring protection of the public through meticulous licensing processes, evidence-based decisions, and support for sound regulation practices.

It is my pleasure to be able to serve you in this capacity, but even more so, I am inspired by the potential for change to better serve you and the public in the future.

Barbara Swehla, MN RN
Executive Director

With the Board's sole mission to protect the public, all of its decisions must be in the best interest of the public.



by SUSAN RAPH, BOARD PRESIDENT

Isn't it Time?

DURING A RECENT LUNCH CONVERSATION with co-workers, I had the opportunity to listen to a colleague talk enthusiastically about her recent trip to the Gettysburg Battlefield. Her licensed battlefield guide (LBG) demonstrated exceptional expertise and skill in engaging her in the nuances of the civil war battle. Through a blend of shared perspectives, strategies for



putting the battle into modern context, and illumination of his vast knowledge of the historical event, the guide confirmed his professional skill and ability to uphold the standard set for all licensed battlefield guides. Upon further query, the guide shared his licensing requirements which included both oral and written examinations, as well as on-going continuing education. For my co-worker, the trip was not only exciting, but also renewing. She is still talking about the experience!

The practice of nursing is also exciting, ever-changing, and filled with many opportunities to share new knowledge. Yet, somehow, we get caught up in a variety of barriers that thwart our desire to validate our professional competency. We are too "busy", "tired", or "burned out" to sit through another in-service. Or, there's "no funding" or "not enough staff" to send a nurse to a conference that might benefit the whole unit. Do the barriers outweigh the right of the public to be assured that every nurse is taking responsibility to seek on-going professional education and uphold the standards of the profession?

Nursing is a professional discipline that is constantly evolving. This evolution requires continued education and life-long learning. Our own ANA Code of Ethics [5.2] outlines a nurse's duty to self and others, which includes maintenance of competence and ongoing professional growth. Continued competence affects our self-respect, our self-esteem, our professional status, and the value of our work. Many nurses already voluntarily participate in continuing education offerings as part of their specialty certifications. Nursing educators and APRNs in Montana have continuing education requirements. Isn't it time we step up to the plate with our colleagues in health care [as well as historical tourism!] and require continuing education for the practice of nursing?

At the October meeting of the Board of Nursing, the Montana Nurses' Association presented a convincing proposal for mandating continuing education for nursing licensure. The board overwhelmingly endorsed this proposal and has set up a task force to develop administrative rules consistent with existing statutory authority. As with all rule making processes, the public (including licensed nurses) will have the opportunity for comment. If you have a particular interest in shaping the future of nursing practice in Montana, ensuring value for the profession, and validating the competency you've worked so hard to achieve, I encourage you to support this bold move for continued education requirements. *Now is the time!*

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RECENT BOARD ACTIONS

■ Continues to work with consultant, Jacque Gibson, for board and department relationship and policy development

■ Vacated position statements pertaining to specific medications, such as Propofol, and referred to the board's Scope of Practice guidelines and model to make decisions about nursing practice matters (see website: www.nurse.mt.gov)

■ Approved new format for the Board of Nursing newsletter to begin October 2007 in compliance with the new statutes signed by the Governor in Spring 2007 allowing the sharing of licensee names and addresses for purposes other than continuing education – and to allow advertising

■ Delegated approval of faculty qualifications that meet the requirements to the Executive Director

■ Delegated approval of medication aide programs and faculty to the Executive Director

■ Delegated approval of Plans of Study submitted by license applicants who are preparing to take NCLEX for the third time to the Executive Director

■ Renewed nursing program approval for Miles Community College – Associate Degree RN

■ With the assistance of Repr. Edith Clark, proceeded with legislation to implement the compact, but the bill died on the House floor

■ Established a project with the Board of Medical Examiners to research the role of

EMTs and Paramedics as Unlicensed Assistive Personnel in the Emergency Department

■ Sent a 'letter of notice' to MT Tech - Butte, MSU-Northern and Salish Kootenai College for failure to meet the standards pertaining to NCLEX pass rates

■ Provided conditional approval of the UM Missoula COT and UM Helena COT new Associate Degree RN programs and placed both PN programs on notice for failure to sufficiently meet the nursing education standards

■ Granted initial approval for MSU Billings-COT, implementing the ASRN model curriculum with PN opt-out option beginning spring of 2008

■ Granted approval for MSU Great Falls-COT to implement a pilot program involving PN education in remote Montana communities, primarily through the REACH network

■ Continue to work with stakeholders on the following rule changes, which are all still in DRAFT form but anticipated for rule hearings in early 2008*:

- Education program curriculum and general rules
- APRN general rules revision
- LPN general rules revision
- Non-routine application rules - new
- Mandatory continuing education rules – new

* *note: watch for proposed rule change notices and hearing dates on our website*

NCLEX EXAM COMMITTEE APPOINTMENT

Susan Raph, Board President, was recently appointed to the NCLEX Examination Committee for a two year term. This standing committee of the National Council of State Boards of Nursing meets quarterly to provide oversight of the NCLEX examination process, including item development, examination security, psychometrics, examination administration and quality assurance to ensure consistency with the Member Boards' need for examinations.

The current computerized adaptive testing format of the NCLEX examination for

both RN and PN candidates was first explored in 1987 and fully implemented nationwide by April 1994. Through a multifaceted approach, the NCLEX exam development process utilizes approximately 2400 different nurses to create the test. This includes entry-level, newly licensed nurses who provide information about their nursing practice, as well as experienced nurses who assist in writing and reviewing individual test questions. There are two nurses in the state who are currently members of the item writing committee. Individual test

items go through extensive testing, analysis, and review before ever being utilized. Most recently, test takers are seeing newer types of questions. The majority of the items are in a multiple choice format, however, the use of charts, tables, and graphic images are also included. Graduates have up to six hours to finish the exam, and will answer between 75 and 265 questions to demonstrate their knowledge, skills, and abilities essential for safe nursing practice. The current test plan includes an integration of client needs across the lifespan in a variety of settings.

FROM THE GOVERNOR



I am pleased to welcome you to the first edition of “Montana Nurse”, the official publication of the Montana State Board of Nursing. The Board has changed the name and format of their newsletter to provide nurses with a contemporary method of communication that will provide updates on proposed changes for nursing in Montana, Board decisions, national trends. Perhaps most importantly, “Montana Nurse” will provide recognition for all that you do for the people in your care.

The Board of Nursing is also actively engaged in providing quality healthcare on a number of fronts to help nurses keep pace with continuing changes in the field. Their role in Montana includes oversee-

ing and approving educational programs, consistently updating scope of practice rules and the codes of conduct for nurses, and overseeing the examination and licensing process for new nurses and nurses relocating to Montana. The Board also reviews and renders decisions regarding the complaint process for licensed nurses in our state.

I hope you find this publication informative and helpful as a means of communicating with the Board, and we welcome any suggestions you have for improvement.

Thank you for choosing to serve your community and state with your profession. Nurses are making a difference every day in Montana.

—Brian Schweitzer



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SCHOOL NURSES

True Angels to the Children of Montana

DIABETES, OBESITY, ADHD AND mental health issues are a few of the conditions that are commonly seen these days in the public school system. Having had several discussions with school nurses in Montana over the past several months, I have clearly heard them describe the difference in today's school health challenges when compared to what they dealt with 20 years ago – and it doesn't stop there. They care for children in wheelchairs and those children and teens on feeding tubes that are mainstreamed into the

The words “decision maker, problem solver, advocate and counselor” come to mind. Originally, school nurses were initiated to decrease the absenteeism rate due to communicable disease in the early 1900's. Over 100 years later, this is not the only critical issue that schools face. Students continue to be absent from communicable diseases and management of chronic conditions. Increased social and psychological needs also affect a child's ability to learn and the need for nursing services.

nursing profession effort and time to help them acknowledge the functions for which the nurse is responsible in schools full of children, faculty, administrators and bus drivers. Additionally, many of these nurses are responsible for more than one school in a district.

The role of school nurse has evolved to addressing complex mental health problems, acute care issues and diabetes care. One interesting factor identified at the meeting with school nurses was that it is clear that this is a job for a very experienced nurse because of the complexity of the issues they face — it is certainly not a place for a novice nurse!

Nurses evaluate and refer school children and their families to available resources throughout the state. Many times this can cause extra work for already overloaded nurses in a given school district.

The school nurse plays a vital role in healthy lifestyle promotion and serves as a “go to person” for children who come from problematic home environments and multiple life challenges. Those who dedicate themselves to this area of nursing practice make a difference in many children's lives, and they do so without a great deal of professional support.

Please think about this:

Is it about time to ask the legislature to require this level of professional nursing service in Montana schools? If you think it is, please contact your legislators and discuss this important matter with them.

To review school nursing professional standards, please go to their website at: www.nasn.org

This story, in general, appeared in the Arkansas State Board of Nursing (ASBN) in September 2007. It was an excellent article about school nurses and demonstrated how their roles have expanded over the years. ASBN gave the Montana Board of Nursing permission to reprint the article and revise it as needed to fit Montana. The article, as presented, was prepared by Mary Ann Zeisler and Barb Swehla, board staff RNs.

For more information about the Montana Association of School Nurses, go to <http://www.butte.k12.mt.us/nursing/nurse/index.html>



public school system. The school nurse also addresses health issues that affect both employees and all of the other students.

In October, I met with school nurses from across the state to discuss the regulations pertaining to nurses working in this setting. I had the pleasure of listening to them voice their concerns, attitudes and passions about what roles they serve in our schools.

One of the toughest challenges is educating school administrators on the importance of the role of a nurse in the public school system, especially in a system that does not require nurses. The challenge of overcoming the stereotype of someone who just puts bandages on little cuts is a difficult concept to communicate effectively with highly educated administrators and school boards. It will take the

COMMITMENT TO ONGOING REGULATORY EXCELLENCE (CORE)

BARB SWEHLA, EXECUTIVE DIRECTOR, has been appointed to a national committee for the next two years. The Commitment to Ongoing Regulatory Excellence (CORE) committee is supported financially by the National Council for State Boards of Nursing through its nursing regulation research department. The committee's goals are to:

- develop a performance measurement system for boards to evaluate the quality of their processes, such as licensing, nursing practice consultation, disciplinary processes and investigations, board governance, and nursing education consultation and program approval processes

- identify and design strategies to assist boards in implementing performance improvement measures
- provide research support to continue performance measurement over time with the goal to continue to improve productivity and quality of services
- provide a mechanism for boards to share data and effective processes with one another in an effort to make improvements within each state's structure and framework, laws and rules

If licensees and nursing program directors receive a survey in 2008, please consider participating by completing the survey so we can get feedback and improve our processes.



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COMPLAINTS PART I

Barbara Swehla, MN RN, *Executive Director*
Anjeanette Lindle, *Department Counsel*

Initiating Complaints to the Board of Nursing

Making the decision to report:

Several factors may be considered when determining whether or not to report a perceived or actual problem to the Board of Nursing. While all Montana licensed nurses are required to report possible violations of the statutes (laws) and rules, or Nurse Practice Act (NPA) related to nursing, it is often more easily said than done. Many nurses assume that the chief nursing officer is responsible for reporting such violations. That is certainly not the case in Montana — all licensees, including the chief nursing officer, carry this responsibility.

Based on reports of numerous calls to the board office, the Board acknowledges that some nurses are afraid of repercussions from their employers should they report a possible violation. The reports also reveal that many nurses are not sure what actually may constitute a violation. Nurses are protected from civil liability for reporting a concern to the Board. However, realistically speaking, that may be the single, most important factor that prevents a person from filing a complaint.

Because of this factor, the Board will accept an anonymous complaint as

long as the person filing the complaint provides enough information from which the Screening Panel can make a decision. In that case, you, the complainant, cannot be contacted and may be a detriment to the process. Please realize that any threat to a nursing license is illegal if done by any party other than the Board of Nursing.

The Board's Screening Panel has the responsibility to make one of three possible decisions once a complaint has been filed with the Board.

- close the complaint (there is no apparent violation of the NPA); the complaint and related information is not made public
- to investigate in order to gather enough data/information from which a decision can be made; the results will be taken to the Screening Panel for a decision
- find reasonable cause to proceed with disciplinary action — and provide notice to the licensee notice that action will be taken on his/her license; at this point, the decision becomes public information and the licensee can request a hearing on the matter

The Board does not investigate every complaint and dismisses (closes) about one-third of all of the com-

plaints it reviews in its meetings every 6-8 weeks. However, it is important for nurses to be aware that they do not need to prove that the NPA was violated — that is up to the Board. So, in the next section, helpful tips are provided for the occasion when anyone chooses to submit a complaint (anonymous or otherwise) so that the Board can make a decision.

Completing the Complaint Form:

The form is on the board's website or can be provided by calling the board office

Complete all sections with substantial detail (patients, family members, staff, facility, dates, times, situations, medical records, etc.)

Rationale: unless the Screening Panel determines that an investigation is necessary, this is the complainant's only opportunity to present the facts

Rationale: both Montana law and HIPAA authorize the Board to receive patient information for purposes of investigating complaints of professional misconduct — the Board is required to keep that information confidential

Examples of things to report to the Board (list not inclusive):

Positive Drug Screen: Submit the laboratory report itself and the chain of custody form, along with all of the supporting documentation. If the screen was performed for cause, include the documentation that formed the basis of the 'cause' decision.

Suspected Narcotic Theft: If an audit of patient records or internal narcotic documentation reveals errors, it is necessary to submit the records for every sus-

pected occasion discovered. For example, submit physician's orders, the MAR, nurses' notes, and narcotic count records.

False Documentation: Provide copies of the falsified document in the patient record and any supporting documents that would indicate the expected information versus the actual documented information.

Patient Neglect/Abuse: If you have witnessed a licensed nurse mistreating a patient, family member, or others in the performance of his/her duties, report this to your immediate supervisor, but don't assume leadership

will report this to the Board. You must report it because you witnessed it.

Practice Problems Resulting in Termination: If a nurse has been terminated because of practice issues, regardless of permanent or temporary hire status, documents that supported that decision must be submitted with the report to the Board.

Remember, the Board's jurisdiction is with the licensee, NOT a facility or institution. The Board does not deal with employment or personnel issues. The Board is guided by strict legal requirements and ensures that licensees are afforded due process.

FEE SCHEDULE—MONTANA BOARD OF NURSING

SERVICE Application

FEE

SERVICE Late Fees

FEE

Advanced Practice-Application	75.00	Advanced Practice-Active Late	50.00
LPN/RN-Endorsement Application	200.00	Advanced Practice-Inactive Late	30.00
LPN/RN-Examination Application	100.00	Advanced Practice-Suspended Late	25.00
LPN/RN-Re-Examination Application	100.00	LPN/RN-Active Late	100.00
Medication Aide-Examination Application	25.00	LPN/RN-Inactive Late	50.00
Medication Aide-Re-Examination Application	25.00	LPN/RN-Suspended Late	50.00
Prescriptive Authority-Application	100.00	Medication Aide-Late	20.00
Temporary Permits		Medication Aide-Suspended Late	10.00
Advanced Practice-Temporary Permit	35.00	Prescriptive Authority-Late	75.00
LPN/RN-Temporary Permit	25.00	Changes	
Renewals		Advanced Practice-Inactive to Active Change	20.00
Advanced Practice-Active Renewals	50.00	LPN/RN-Inactive to Active Change	50.00
Advanced Practice-Inactive Renewals	30.00	Miscellaneous	
Advanced Practice-Suspended Renewals	25.00	Duplicate License	5.00
LPN/RN-Active Renewals	100.00	Duplicate Wall Certificate	20.00
LPN/RN-Inactive Renewals	50.00	History	20.00
LPN/RN-Suspended Renewals	50.00	List of Licensees	20.00
Medication Aide-Renewals	20.00	NSF Check Fee	30.00
Medication Aide-Suspended Renewals	10.00	Verification	20.00
Prescriptive Authority-Renewals	75.00		

COMPLAINTS PART II

Barbara Swehla, MN RN, *Executive Director*
Anjeanette Lindle, *Department Counsel*

If a Complaint Is Made Against Your License

Being the recipient of a letter from the board office that a complaint has been filed against your license can be very upsetting. Many complaints are closed or dismissed because the complaint does not address individual nursing practice issues. Keep that in mind and don't panic!

Here are some tips:

DO:

Focus on the nursing practice issues

Provide your response in a prompt and thorough manner

Type your response and ensure that your response is professionally presented

Accept responsibility for your own actions

If you have engaged in corrective actions (changed behavior, attended classes, etc.) to prevent reoccurrence, provide that information in your response

Provide all relevant information, including patient records, if applicable

DO NOT:

Offer to send additional information at a later date

Respond to information not related to the incident/occurrence(s) in the complaint — if it is irrelevant, it should not be included and you will be less likely to confuse the issue

Send letters of recommendation from former patients, employers, coworkers, etc.

Let another person submit a response on your behalf

The only duty of the Screening Panel is to determine whether the licensee has violated any statute or rule governing the profession. Many matters that come before the Panel do not rise to the level of a violation of the Nurse Practice Act, and that is a determination for the Panel to make.

Each nurse is responsible for reporting any activities that MAY be a violation of the Nurse Practice Act, since Montana is a mandatory reporting state. This means that your failure to report can actually impact your own license to practice nursing.

Remember, the Panel is comprised of practicing nurses — they understand that mistakes happen. Their goal and legislative mandate is to assure the citizens of Montana that nurses who receive licenses from the Board of Nursing are safe practitioners.

Take the complaint seriously, but do not assume that this is the end of your nursing career! Licenses are typically suspended or revoked because an individual failed to respond to a complaint or committed a single or series of egregious acts causing patient harm.

While it may be difficult to do, please put the complaint into perspective and realize that you have 'due process' rights under the laws and rules of Montana. Since most complaints are closed (thus, not public information), only those issues of a serious nature typically result in discipline. The Board makes a concerted effort to allow a nurse with discipline to continue practice, so that licensees are not taken away from the already limited pool of qualified nurses to care for Montana citizens.

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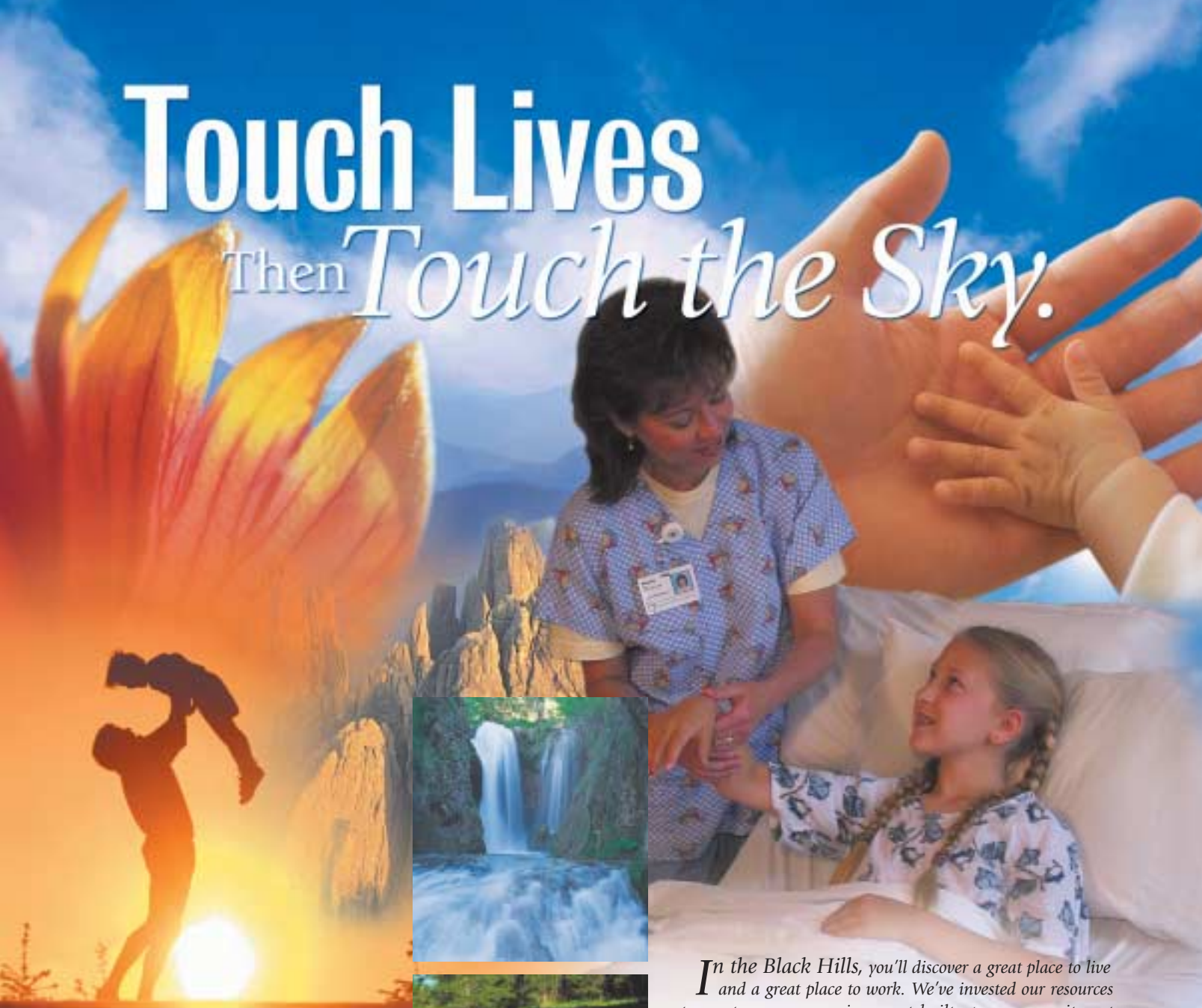
Name	License #	Location	Board Action	Final Order Date
Amoateng, Janet	LPN31015	Stone Mountain, GA	Application for licensure denied	7/19/07
Basilia, Bryan	LPN30990	Billings, MT	Suspended	1/25/07
Bednarz, Larry	RN34164	Elk Grove, CA	Application for licensure denied	7/19/07
Bennett, Malissa	LPN29092	Missoula, MT	Probation - 3 years - NAP	5/17/07
Briggle, Lisa	RN31939	Alcester, SD	Application for licensure denied	1/25/07
Carpenter, Brenda	RN20449	Lolo, MT	CE	5/17/07
Chapman, Floyd	LPN8222	Billings, MT	CE	10/16/07
Clancy, Vanessa	RN27946	Wolf Point, MT	Revoked	10/16/07
Cooper, Cynthia	RN24781	Missoula, MT	Reprimand w/CEs and continue with probation-NAP	3/22/07
Craft, Sharon	RN27039	Traverse City, MI	Reinstated	2/28/07
Fuhrmann, Tonya	LPN33438	East Helena, MT	CE	10/16/07
Giesbrecht, Nathan	RN30133	Kalispell, MT	Probation-2 years w/ CE	5/17/07
Glenn, Lucinda	RN27851	Lewistown, MT	Probation until NAP completed	3/22/07
Haman, Tara	LPN26778	Park City, MT	Reinstatement-Probation-3 years, CE and apology	8/29/07
Harrison, Melanie	LPN26462	Great Falls, MT	Probation-1 year and CE	10/16/07
Hasbrouck, Tina	LPN26511	Great Falls, MT	Reinstatement-Probation-3 years-NAP	3/3/07
Hegy, Susan	RN24951	Bozeman, MT	Restricted practice	10/16/07
Hernandez, Libia	LPN30815	Miami, FL	Application for licensure denied	7/19/07
Higgs, William	APN24300	Livingston, MT	Private reprimand	5/17/07
Jacobs, Kathlene	RN17762	Big Fork, MT	Reinstated - Probation - 3 years - NAP	6/18/07
Jeanotte, Jennifer	RN28524	Billings, MT	Suspended	5/17/07
Johnston, Lilly	RN8134	Jordan, MT	Probation - 3 years-NAP	7/19/07
Jones, Sarah	RN20576	Hardin, MT	Suspended	1/25/07
Kakavand, Ann	APN28146	Getzville, NY	Probation concurrent with probation in NY	5/17/07
Kipp, Lesley	RN27774	Browning, MT	Suspended	9/6/07
Knoll, Teresa	LPN5543	Glendive, MT	Revoked	1/25/07
Lamere, Donna	RN20286	Billings, MT	Full Reinstatement	7/5/07
Lane, Colleen	RN22166	Livingston, MT	Letter of Reprimand -18 months to complete CE	3/22/07
Lankford, Cheryl	RN26114	Billings, MT	Reinstated - Probation until NAP completed	12/27/06
Loewen-Hays, Stacey	RN27538	Olympia, WA	Suspended	5/17/07
Lovejoy, Jody	LPN8085	Sheridan, MT	Probation - 3 years w/ CE	1/25/07
Madden, Kathy	LPN7907	Billings, MT	Suspended	7/19/07
Mahlum, Peter	RN25150	Big Fork, MT	Suspended	3/22/07
Maier, Bess	RN19894	Missoula, MT	Probation - 3 years-NAP	1/25/07
Mason, Charlotte Sunny	RN19497	Lolo, MT	Reinstated - Probation - 3 years-NAP	6/28/07
Mayberry, Terri	RN27460	Colstrip, MT	Suspended	12/3/07
Miliate, Carrie	LPN27801	Plains, MT	Probation - 18 months w/CE	3/22/07
Miller, Patricia	LPN26043	Columbus, MT	Suspended	12/3/07
Milnor, Stacy	RN29807	Havelock, NC	Suspended	9/6/07
Morris, Sharon	RN22078	Kalispell, MT	Probation - 3 years-NAP	7/19/07
Nevin, Susan	RN21987	Helena, MT	Probation - 1 year w/ CE	7/19/07
Nichols, Nichole	RN28214	Richland, WA	Reinstatement - Probation until NAP completed	12/4/06
Redman, Karen	RN10040	Anaconda, MT	Suspended	10/25/07
Rhein, Jonna	LPN2606	Missoula, MT	Voluntary Surrender of License	3/22/07
Reiter, Maryann	RN24022	Laurel, MT	Probation-3 years-NAP	10/16/07
Saye, Pamela	LPN1956	Billings, MT	Suspended	12/3/07
Shorter, Pamela	RN18462	Anderson, CA	Probation until probation ends in CA	3/22/07
Small, Arlene	RN23797	Wolf Point, MT	CE	7/19/07
Sonmez, Jacqueline	RN28189	Helena, MT	Suspended	9/6/07
Spence, Jennaya	LPN26160	Helena, MT	Probation-18 months and CE	5/17/07
Stahl, Tim	RN27997	Missoula, MT	Probation 2 years - Complete NAP	5/17/07
Stewart, Kristin	LPN31074	Lodge Grass, MT	Suspended	7/20/07
Svaleson, Shannon	LPN27372	Belgrade, MT	Suspended	1/25/07
Taddei, Gilbert (a.k.a. White, Charles)	LPN9036	Adna, WA	Revoked	5/17/07
Torgison, Josiane	RN29763	Libby, MT	Reinstatement-Probation-3 years-NAP	10/17/07
Twohig, Patricia	RN28013	Billings, MT	Suspended	10/16/07
Vollhaber, John	RN12488	Shelby, MT	Revoked	1/25/07
Van Hook, Cynthia	RN19175	Great Falls, MT	Complete CE within 1 yr.	5/17/07
Vansell, Carl	RN28255	Whitehall, MT	Letter of Reprimand -Probation 5 yrs - \$1,000.00 fine	1/25/07
Wadsworth, Wendella	RN14723	Ronan, MT	Complete CE within 18 months	5/17/07
Walker, Mindy	LPN28453	Missoula, MT	Probation-3 years-NAP	10/17/07
Walt, Michelle	RN26562	Missoula, MT	Suspended	12/3/07
Weaver, Heidi	RN11092	Glendale, AZ	Probation-4 years and CE	1/25/07
Widdekind, Holly	RN14077	Lakeside, MT	Probation until NAP completed	1/25/07
Winter, Carol	RN26917	Boulder, MT	\$500 fine	5/17/07
Wittl, Cleora	RN26080	Browning, MT	\$100 fine	7/19/07
Yarusinski, Benjamin	LPN26781	Sheridan, MT	Suspended	5/17/07

CONTACT ROSTER

QUESTION	CONTACT
<ul style="list-style-type: none"> • License Renewal or Re-Activation • License Verification • Duplicate License • Rule Book Orders • General Licensing Questions 	<div> Cari Harris (406) 841-2397 Licensing Specialist caharris@mt.gov </div> OR <div> Kelly Pfeifer (406) 841-2345 Licensing Specialist kpfeifer@mt.gov </div>
<ul style="list-style-type: none"> • Name/Address Change • Applications for License by Examination • Foreign Applicants 	<div> Cari Harris (406) 841-2397 Licensing Specialist caharris@mt.gov </div>
<ul style="list-style-type: none"> • Applications for Licensure by Endorsement 	<div> Kelly Pfeifer (406) 841-2345 Licensing Specialist kpfeifer@mt.gov </div>
<ul style="list-style-type: none"> • Board of Nursing Newsletter 	<div> Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov </div> OR <div> Mary Ann Zeisler (406) 841-2343 Associate Director mzeisler@mt.gov </div>
<ul style="list-style-type: none"> • APRN Applications • Prescriptive Authority Applications • Nursing Practice • Applications for Medication Aide Instructor and Program 	<div> Mary Ann Zeisler (406) 841-2332 Associate Director mzeisler@mt.gov </div>
<ul style="list-style-type: none"> • Formal Nursing Education • NCLEX Accommodations • Meeting Agenda Item Requests • Requests for Presentation of BON Issues in your Facility and/or Community 	<div> Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov </div>
<ul style="list-style-type: none"> • Disciplinary Issues • Complaint Process • License Suspension and Reinstatement 	<div> Dustin Johnson (406) 841-2344 Compliance Specialist djohnson@mt.gov </div>
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